



PTO/SB/81 (04-05)

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INDICATION FORM**

Application Number	10/608,862
Filing Date	06/27/2003
First Named Inventor	M. Bret Schneider
Title	Computer Assisted Manipulation of C
Art Unit	
Examiner Name	
Attorney Docket Number	Telecath

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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42293

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	
Name	M. Bret Schneider	Telephone	650-906-8371
Title and Company	Partner, Telecath		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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# PCT

## POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):

Telecath

hereby appoints (appoint) the following person as:



agent



common representative

**Name and address**

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Shirley, Deanna J.  
3418 Baldwin Way  
Santa Rosa, CA 95403  
US

to represent the undersigned before



all the competent International Authorities



the International Searching Authority only



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in connection with the international application identified below:

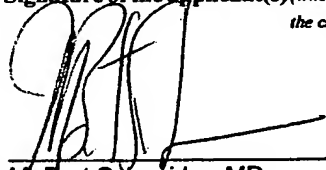
**Title of the invention:** Computer Assisted Manipulation of Catheters and Guidewires

**Applicant's or agent's file reference:** Telecath

**International application number (if already available):** PCT/US2004/020159

filed with the following Office United States Patent and Trademark Office as receiving Office  
and to make or receive payments on behalf of the undersigned.

**Signature of the applicant(s)** (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):



M. Bret Schneider, MD  
Partner  
Telecath (A California Partnership)

Date:

12/20/05